



# Office of Financial Aid

## Request for Special Circumstances Consideration

### 2011-2012

\_\_\_\_\_ **Independent Student**

\_\_\_\_\_ **Dependent Student**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
PRCC Student ID Number

**Important Note: If financial circumstances regarding you and/or your parent(s) have changed since you filed for financial aid, please provide the following information and/or documentation. Information from this form, supporting documentation you provide, and data in your financial aid file will be reviewed concerning your request. Any adjustment made to your financial aid eligibility must meet Federal Compliance Audit guidelines.**

**Section I. The following procedures and/or documentation must be completed and/or provided to the Office of Financial Aid.**

- A written statement that clearly explains the circumstances that resulted in a loss of family income from tax year 2010 to tax year 2011.
- For those family members who were employed in 2010, but who are no longer working, a statement from the former employer(s) that includes the dates of employment and year-to-date income amounts.
- Verification of all unemployment compensation received, or that will be received for 2011 must be provided from the Mississippi Employment Commission.
- Copies of student and parent(s) 2010 Federal 1040 Income Tax Returns.
- Any additional information or documentation requested by the Office of Financial Aid.

**Section II. Check the appropriate condition under which you are requesting a re-evaluation of your financial aid eligibility. Attach all required documentation to this form.**

\_\_\_\_\_ You and/or your parents earned money in 2010, but are not presently working and expect to earn substantially less income in 2011 and/or 2012.

\_\_\_\_\_ You and/or your parents received unemployment compensation and/or untaxed income or benefits in 2010, but have lost that income or benefit for 2011. Untaxed income and benefits include, but are not limited to:

- Child Support
- Untaxed retirement or disability benefits
- Department of Human Services benefits

\_\_\_\_\_ You and/or parents were divorced or separated during tax year 2010. If divorced, you must supply a copy of the final divorce decree. If separated, you must provide a statement from the appropriate attorney indicating the date of separation and verification that the divorce has been initiated, or a notarized statement from each of your parents indicating date of separation and reason(s) divorce has not been initiated as of the date of this appeal.

\_\_\_\_\_ There has been a change in the family income situation due to the death of a spouse or a parent. Please provide a copy of the spouse's or of the parent's death certificate or a copy of the obituary.

\_\_\_\_\_ Medical Expenses: *(This refers to outstanding medical expenses paid by the student and spouse or parents of a dependent student during 2010 or 2011 that can be documented.)* Please provide documentation showing that you, your spouse, or your parents paid medical expenses that exceeded 15% of your yearly income. Documentation that shows that medical expenses have not and will not be paid by health insurance or other healthcare providers is most helpful.

## Family Income and Benefits Verification:

<b>INCOME INFORMATION:</b>	<b>Student's/Spouse's 2010 Income (from Federal Taxes)</b>	<b>Parent's 2010 Income (from Federal Taxes)</b>	<b>Student's/Spouse's 2011 Year-to-Date Income (paycheck stubs)</b>	<b>Parent's 2011 Year-to-Date Income (paycheck stubs)</b>	<b>Student's/Spouse's 2011 Estimated Remaining Income</b>	<b>Parent's 2011 Estimated Remaining Income</b>
EMPLOYMENT						
CHILD SUPPORT						
OTHER UNTAXED INCOME						
UNEMPLOYMENT						
WORKMEN'S COMPENSATION						
<b>TOTAL INCOME:</b>						

### Student Certification

**IMPORTANT: Please read carefully before signing. This is considered a legal statement of certification for authenticity and intent purposes.**

I hereby certify that all information contained in or attached to this request for re-evaluation status, including my personal statement and other documentation, is true and correct to the best of my knowledge. I swear or affirm that I have not knowingly or intentionally provided any false statements or fraudulent documents. I understand this application is being filed jointly by all applicable signatories. I further affirm that I understand that if I receive Federal or State student aid based on incorrect information, I will be required to repay these funds and that I may also be assessed penalties and fees from the appropriate governmental and/or lending agencies.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ **Approved by Office of Financial Aid**

\_\_\_\_\_ **Denied by Office of Financial Aid**

\_\_\_\_\_  
Official Signature

\_\_\_\_\_  
Date